

**Part C State Annual Performance Report (APR) for FFY2006****Overview of the Annual Performance Report Development:**

The general supervision data were collected through the following components of the State's general supervision system:

- Monitoring Data:
  - Site Review of ten Cycle 3 programs, which includes Coconino, Navajo and Apache Counties and the Navajo Nation (Spring 2005-2006),
  - Newly identified (2005-2006) non-compliance during follow-up visits with Cycle 1 programs, and
  - Corrective Action Plan data related to correction during FFY 2006 of non-compliance identified in Cycles 1 & 2 (FFY 2004).
- Desk Audits: Monthly review of program databases
- State Data System
- Complaint Logs

Site reviews occur on a five year monitoring cycle, which was developed based on population and risk factors. Maricopa County, which makes up 60% of the population in the State and had known system concerns and compliance issues, was chosen for Cycle 1. Cycles 2, 3, 4, and 5 were chosen by risk factors and then grouped geographically.

Although each cycle receives a site visit every five years, DES/AzEIP may conduct a site review outside of the cycle when serious issues of non-compliance are identified through complaints, desk audits, state data system, and/or if issues of non-compliance are not corrected in a timely manner.

The findings data in the topical areas include a total of 16 items rolled up into three cluster areas:

- General Supervision includes procedural safeguards, such as prior written notice, consent, and confidentiality.
- IFSP Required Components includes the eight required components for the IFSP, including designation of a single service coordinator.
- Service Coordination reflects coordination with community resources, and on-going reviews of the IFSP.

The actual target data were presented at a stakeholders' meeting on January 11, 2008. Information about improvement activities completed and progress in meeting the target was disseminated.

<b>Monitoring Priority: Effective General Supervision Part C/General Supervision</b>
--

**Indicator 9:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a) (3) (B) and 1442)

**Measurement:**

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

FFY	Measurable and Rigorous Target
2006	50%

**Actual Target Data for FFY 2006:**

a. 87

b. 48.28%

INDICATOR C-9 WORKSHEET AZ				
Indicator	General Supervision System Components	# of Programs Monitored	(a) # of Findings of noncompliance identified in FFY 2005	(b) # of Findings from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	<b>Monitoring:</b> Cycle 3 site visits; follow-up site visits with Cycle 1	13	8	2
	<b>Dispute Resolution</b> (Complaints, due process hearings)	X	2	2
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	<b>Monitoring:</b> Site visits	15	1	1
5 & 6 Percent of infants and toddlers birth to 1 with IFSPs and Percent of infants and toddlers birth to 3 with IFSPs.	<b>Monitoring:</b> Site visits	2	3	1
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	<b>Monitoring:</b> Site visits Desk audits	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday A. IFSPs with transition steps and services	<b>Monitoring:</b> Site visit	13	5	4
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B	<b>Monitoring:</b> Site visits	13	4	3
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B.	<b>Monitoring:</b> Site visits	13	8	6
<b>Topical Areas</b>				
IFSP Required Components	7 items	17	35	13
Service Coordination Functions	2 items	13	6	4
General Supervision	7 items	17	15	6
The worksheet automatically sums Column a and b			87	42
Percent of noncompliance corrected within one year of identification =				<b>48.28%</b>

## INDICATOR C-9 WORKSHEET AZ Updated to December 2007

Indicator	General Supervision System Components	# of Programs Monitored	(a) # of Findings of noncompliance identified in FFY 2005	(b) # of Findings from (a) for which correction was verified no later than one year from identification	UPDATE # of Findings from (a) for which correction was verified by December 2007
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	<b>Monitoring:</b> Cycle 3 site visits; follow-up site visits with Cycle 1	13	8	2	* 5
	<b>Dispute Resolution</b> (Complaints, due process hearings)	X	2	2	2
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	<b>Monitoring:</b> Site visits	15	1	1	1
5 & 6 Percent of infants and toddlers birth to 1 with IFSPs and Percent of infants and toddlers birth to 3 with IFSPs.	<b>Monitoring:</b> Site visits	2	3	1	3
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	<b>Monitoring:</b> Site visits Desk audits	0	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday A. IFSPs with transition steps and services	<b>Monitoring:</b> Site visit	13	5	4	5
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B	<b>Monitoring:</b> Site visits	13	4	3	4
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B.	<b>Monitoring:</b> Site visits	13	8	6	* 7
Topical Areas					
IFSP Required Components	7 items	17	35	13	* 34
Service Coordination Functions	2 items	13	6	4	6
General Supervision	7 items	17	15	6	15
The worksheet automatically sums Column a and b			87	42	82
Percent of noncompliance corrected within one year of identification =				48.28%	94%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006:**

AzEIP did not meet the 50% target for correction of FFY 2005 identified non-compliance as soon as possible but in no case later than one year from identification. Of the 87 findings of noncompliance identified in FFY 2005, 42 findings (48.2%) were corrected within one year from identification.

Although not meeting the target of 50% AzEIP made progress during FFY 2006 in ensuring compliance. Correction data for programs that were monitored during FFY 2005 (Arizona's Monitoring Cycle 3), demonstrate substantial compliance at 96% within 18 months from identification (see Table A).

The correction of non-compliance identified through **all** monitoring activities conducted during FFY 2005 (including non-compliance identified during follow up visits with programs from earlier cycles) reached 94% (82/87) as of December 2007 (See Addendum- Updated Table C9)

Statewide improvement activities completed during FFY 2006 included:

- Quarterly Regional Meetings in nine regions of the State on the following topics:
  - Timely Provision of Services and the 45-day Timeline;
  - Service Coordination Functions;
  - Integrated Summary and Functional Outcomes; and
  - Transition and Child Find (joint trainings with the Arizona Department of Education).
- Technical Assistance Bulletins developed and disseminated on (i) Timely Service Provision and (ii) completing the Supports and Services page of the IFSP
- Training on evaluating and assessing very young children
- Revision of the IFSP form to document actual start date for services, and to include template for results of vision and hearing screening information.

**Status of correction of noncompliance identified during FFY 2005, CYCLE 3 Site Visits:**

Ten programs received onsite monitoring visits in 2006 as part of Arizona's Monitoring Cycle 3. There were 72 findings of non-compliance identified; 31 of the 72 findings (43%) were corrected within one year, **69 of the 72 findings (96%) were corrected by December 2007 (within 18 months).**

<b>Table A. Cycle 3 Correction of 2005-2006 Non-Compliance</b>					
	2005-2006	2006-2007			
Cycle 3 Programs	# of Findings Non-compliance	# Corrected < 1 years	% Corrected < 1yr	# Corrected by December 2007	% Corrected by December 2007
<b>Priority Areas:</b>					
Indicator 1	6	2	33%	5	83%
Indicator 2	0	0	NA	NA	NA
Indicator 5&6	2	0	0%	2	100%
Indicator 7	Non-compliance identified in 04-05; see update below				
Indicator 8A	5	4	80%	5	100%
8B.	3	2	67%	3	100%
8C.	6	4	67%	5	83%
<b>Topical Areas :</b>					
Child Find	2	0	0%	2	100%
IFSP	30	10	33%	29	97%
SC	6	4	66%	6	100%
Gen. Supervision	14	5	36%	14	100%
<b>Total</b>	<b>72</b>	<b>31</b>	<b>43%</b>	<b>69</b>	<b>96%</b>

Four programs monitored were near compliance at the time of the site visit, and corrective action consisted of bi-annual reporting of progress on non-compliance items. Verification visits were conducted within one year, and all areas of non-compliance were corrected within one year.

As of December 2007, all but two of the ten programs have come into full compliance. The first of these two programs had three transition findings, but was only serving five children in its program and could not close out the three findings until another child reached transition age. **Specific technical assistance was provided to the program service coordinator during a file review conducted in October 2007. The AzEIP TAMS followed up with email and phone support to ensure compliant timing of the next child transition in early 2008.** DES/AzEIP reviewed the information reported after that transition. **Verification of correction was conducted at that time. The item was closed out on the program's CAP as of January 24, 2008.**

The remaining program, located in the remote northeastern region of the state, has three uncorrected findings, including the timely provision of services, and 2 items related to the IFSP topical area: accurate completion of the Supports and Services page of the IFSP, and aligning service provision with the IFSP outcomes. These three items have proven challenging to correct, and continuing noncompliance is related to the continued difficulty service coordinators have experienced in finding qualified providers to meet the needs of children in remote areas of the Navajo Nation reservation. In addition, there has been turnover in service coordinator supervisors, with three leaving in the past 18 months.

**Actions taken when non-compliance was not corrected within 1 year:**

Five (5) programs were required to report quarterly progress to DES/AzEIP on correction of non-compliance. Onsite visits from the TAMS and DES/AzEIP staff were conducted to verify the progress.

One (1) program had a small number of children in the program, so quarterly progress reports would not be effective. Instead, three site visits were conducted to review and verify files.

Onsite visits with the five programs experiencing the most non-compliance issues were conducted every two to three months throughout the year. DES/AzEIP Staff and the regional TAMS met with each of the programs to complete child file reviews with the supervisors and the service coordinators. TA during the file audits was provided to programs to ensure their understanding of the requirements to achieve compliance. These ongoing, consistent discussions regarding items of non-compliance contributed to greater understanding of the requirements by the staff and supported compliance.

Intense technical assistance provided directly to the program staff of these five programs included the following:

- A series of three trainings by the TAMS and DES/AzEIP Staff addressing: (i) process and procedures for the Initial Planning Process, (ii) agency staff roles and responsibilities, (iii) evaluation and assessment and development of the initial IFSP, and (iv) development of the IFSP and Functional Outcomes,
- A series of trainings from the TAMS, DES/AzEIP Staff and staff from the local IPP team addressing: (i) process and procedures involved in the Initial Planning Process, (ii) agency staff roles and responsibilities, (iii) development of the IFSP; and (iv) ongoing assessment of infants and toddlers within early intervention,
- DES/AzEIP Staff and DDD State Staff provided training on DDD eligibility criteria, and
- TAMS assisted in a community discussion of procedures with AzEIP IPP teams, DDD service coordinators and CPS workers.

**Actions taken in response to continuing non-compliance after December 2007:**

A site visit was conducted to the one program with remaining timely services and IFSP findings. The TAMS met with the acting supervisor, service coordinators, and consultant, to complete a file review of the remaining non-compliant items.

There was continued non-compliance in the topical area of noncompliance- accurate completion of the "Supports and Services" page of the IFSP. Technical assistance in accurate completion of the supports and services page was provided to the program service coordinators immediately and follow up reviews will be conducted on a quarterly basis until compliance is achieved.

The timely services finding also remained uncorrected at this site. The nature of the continuing non-compliance involves:

- lack of therapy providers willing to travel to remote locations on the Navajo nation, and
- many areas of the Nation being uncovered by any therapists, including a rather large area in the Northeast corner of the State encompassing the towns of Denehotso, Cove, and Red Mesa; and another large area in the middle of the reservation, which is either Navajo Nation or Hopi tribal land and includes the communities of Second Mesa, Keams Canyon, Jeddito, Indian Wells, and Dilkon.

To make progress toward correcting the noncompliance in timely services, additional assistance is being provided to the program, including:

- TAMS are assisting service coordinators to identify and access existing resources within the local communities
- TAMS will be working with the DDD supervisor on the Navajo Nation to implement intensive follow-up and TA to the service coordinators in documenting attempts to access IFSP services for families.
- The supervisor will work with the Central Administration of DDD to recruit and retain qualified personnel on the Nation.
- The AzEIP Professional Development Coordinator is working closely with the Arizona Department of Education to coordinate recruitment and retention of therapy providers across agencies.

**Status of correction of non-compliance identified during other FFY 2005 monitoring activities** (Cycle 1 programs with non-compliance identified in 2005 on-site visits)

Table B. Indicators/ Topical Areas of Non-Compliance 2005-2006					
	2005-2006	2006-2007			
Cycle 1 programs	# of Identified Non-compliance	Correction < 1 years	% Corrected	Correction by December 2007	% Corrected by December 2007
Indicator 1	2	0	0%	0	0%
Indicator 2	1	1	100%	NA	NA
Indicator 5 & 6	1	1	100%	NA	NA
Indicator 7	Non-compliance identified in 04-05; see update below				
Indicator 8	3	3	100%	NA	NA
<b>Topical Areas:</b>					
IFSP	5	3	60%	5	100%
SC	0	0	NA	NA	NA
General Supervision	1	1	100%	NA	NA
<b>Total</b>	<b>13</b>	<b>9</b>	<b>69%</b>	<b>11</b>	<b>85%</b>

Of the seven findings in the compliance indicators, the remaining two are related to timely services.

**Actions taken with programs with findings identified through other (non-cycle) activities, when non-compliance was not corrected within 1 year:**

For the 2 programs with uncorrected findings of noncompliance in timely service provision, AzEIP implemented more stringent reporting requirements when non-compliance was not corrected within one year. Cycle 1 programs were required to participate in quarterly file reviews with the regional TAMS and AzEIP Continuous Quality Improvement Coordinators (CQICs) that resulted in identification of TA needs and verification of compliance. TA was provided to programs on an individual basis as well as through the DES/AzEIP Regional Quarterly Meetings.

Technical assistance provided was related to individualizing services for children and families in order to make the most efficient use of limited resources (i.e. therapists) as opposed to standard or package service sets that were not tied to families concerns and priorities and that strained available resources.

In addition, in order to further clarify the causes of the noncompliance, AzEIP conducted a Focused Monitoring in the fall of 2007 due to one program's very low percentage of timely services in Maricopa County. The Mountain Plains Regional Resource Center provided technical assistance to AzEIP through on-site planning and participation in the Focused Site Visit with Carol Masanari and Sharon Walsh. The Focused Monitoring report was issued in November 2007 and the resultant Corrective Action Plan will be finalized by January 31, 2008.



## APR Template – Part C (4)

Arizona  
State

### Status of correction of non-compliance identified during FFY2004

#### Correction during FFY2006 of non-compliance identified through the state data system during FFY2004

Indicator	# Original Findings	# Corrected within 1 year	% Corrected within 1 year	Additional # Corrected within 2 years	% Corrected within 2 years	Additional # Corrected by Sept 2007	Total number corrected by Sept 2007	% Corrected by Sept 2007
7- 45 day timeline	14	1	7%	5	43%	2	8	57%

### Progress in Ensuring Correction of Remaining Noncompliance as of September 2007

Indicator	# Findings Remaining	Made significant progress (>70%)	Progress but still substantially non-compliant (<70%)	Experienced slippage
7- 45 day timeline	6	4	1	1

### Status of correction during FFY 2006 of non-compliance identified through FFY2004 Cycle 1 and Cycle 2 Site Reviews

Areas of Non-Compliance Identified in 2004-2005 Site reviews							
	2004-2005			2005-2006		2006-2007	
Total	# of Identified Non-compliance	# Corrected	% Corrected < 1 year	Additional # Corrected < 2 years	% Correct ed< 2 years	Additional # Corrected by December 2007	% Corrected by December 2007
Cycle 1 Programs	63	20	32%	23	68%	9	83%
Cycle 2 Programs	55	3	5%	44	85%	7	98%
	118	23	19%	67	76%	16	90%

The table above represents the total correction of non-compliance identified through the AzEIP site review monitoring process in 2004-2005. The correction data through December 2007 is at 90%. For non-compliance and correction related to the specific Indicators and topical areas, please see the tables below which have been broken out by Cycle.

**Status of correction during FFY 2006 of non-compliance identified through Cycle 1 Site Visits**

Areas of Non-Compliance 2004-2005							
Cycle 1	2004-2005			2005-2006		2006-2007	
Maricopa County 7 programs	# of Identified Non- compliance	# Corrected	% Corrected ≤ 1 year	Additional items Corrected < 2 years	% Corrected	Additional items Corrected by December 2007	% Corrected by December 2007
Indicator 1	3	2	67%	0	67%	0	67%
Indicator 2	3	1	33%	0	33%	2	100%
Indicator 5&6	9	4	44%	3	78%	0	78%
Indicator 8	9	2	22%	5	78%	2	100%
Topical Areas							
IFSP required components	28	6	21%	10	57%	5	75%
Service Coordination	5	1	20%	3	80%	0	80%
Gen. Supervision	6	4	67%	2	100%	0	100%
Total	63	20	32%	23	68%	9	83%

Cycle 1 programs received site reviews during the summer/fall of 2004-2005 and subsequent quarterly visits to verify correction and provide TA to develop strategies to ensure correction of outstanding non-compliance.

- 5 of 7 programs closed out their Corrective Action Plan by August 2007

## Status of correction during FFY 2006 of non-compliance identified through the Cycle 2 Site Visits

Areas of Non-Compliance 2004-2005							
	2004-2005			2005-2006		2006-2007	
Cycle 2 9 programs	# of Identified Non- compliance	# Corrected	% Corrected < 1 year	Additional items Corrected < 2 years	% Corrected < 2 years	Additional items Corrected by December 2007	% Corrected by December 2007
Substantive Indicators							
Indicator 1	5	0	0%	3	60%	1	80%
Indicator 2	2	0	0%	2	100%	N/A	100%
Indicator 5&6	5	0	0%	3	60%	2	100%
Indicator 8a	1	0	0%	1	100%	N/A	100%
Indicator 8b	0						
Indicator 8c	2	0	0%	1	50%	1	100%
Topical Areas:							
IFSP required components	19	0	0%	16	84%	3	100%
Service Coordination	6	0	0%	6	100%	N/A	100%
Gen. Supervision	15	3	20%	12	100%	N/A	100%
Total	55	3	5%	44	85%	7	98%

Cycle 2 programs received site reviews during the spring of 2004-2005 and subsequent quarterly visits to verify correction and provide TA to develop strategies to ensure correction of outstanding non-compliance.

- As of June 2007, six of the nine programs closed out their CAPs.
- As of December 2007, only one of the nine programs has outstanding non-compliance with a total of one item of non-compliance not yet corrected. This program serves a very small number of children which impedes, to some extent, the program's ability to come into compliance. A follow-up visit in February 2008 to verify correction has been scheduled.

**Improvement activities completed:**

During FFY 2006 the AzEIP Technical Assistance Specialist and TAMS engaged in extensive communication with the contractors related to timely and reliable entry of data, follow-up related to overall progress/slippage, and intensive monitoring and follow-up for children whose timelines exceeded 45 days.

**Actions taken to support progress in ensuring compliance:**

Intensified corrective action plan with specific technical assistance for programs with non-compliance items not resolved with one year.

- technical assistance related to the outstanding areas of non-compliance;

- progress updates and on-site visits every three months, rather than the standard six months; and
- verification visits for items that were reported as meeting compliance.

In October 2006, AzEIP implemented Regional Quarterly Meetings designed to provide training and technical assistance on AzEIP policies, procedures, and best practice to early intervention professionals across the AzEIP participating agencies. DES/AzEIP staff and the Technical Assistance and Monitoring Specialists (TAMS) conducted Regional Quarterly Meetings throughout the State during the last quarter of 2006 and the first two quarters of 2007. Topics included:

- Evaluation and Assessment of Young Infants;
- Functional Outcomes and Supports and Services;
- Service Coordination Functions;
- Integrated Developmental Summary, and
- Joint trainings with the Department of Education, related to the Child Find and Transition IGA. Personnel from local school districts and service coordinators who attended the trainings were encouraged to network and problem solve together regarding issues related to transition.

Review and approval were conducted for “completion and close-out” of corrective action plans. In fall of 2006, AzEIP began conducting verification visits with programs in Cycle 1 and 2 prior to issuing a “close out” letter to programs that reported correction of all areas of non-compliance

Technical Assistance and increased monitoring have been provided to the programs with areas of continued non-compliance.

AzEIP conducted a Focused Monitoring in the fall of 2007 due to one program’s very low percentage of timely services in Maricopa County. The Mountain Plains Regional Resource Center provided technical assistance to AzEIP through on-site planning and participation in the Focused Site Visit with Carol Masanari and Sharon Walsh. The Focused Monitoring report was issued in November 2007 and the resultant Corrective Action Plan will be finalized by January 31, 2008.

Programs with persistent non-compliance on the 45 day timeline were required to conduct more frequent uploading of data and weekly technical assistance phone calls. Two programs were issued a Demand for Assurance by the DES Office of Procurement. One program closed out their Demand in October 2007. The other program continues to operate under their Demand for Assurance, and their contract will not be renewed when it ends in April 2008.

**Actions to be taken:**

AzEIP’s timelines for corrections have improved from findings in FFY 2004 to findings in FFY 2005. Corrections from 2004 ranged from one to two and one-half years, with the majority of corrections occurring in the second year. Correction for FFY 2005 shows that nearly all are compliant within one and one-half years. AzEIP recognizes the improvement of correction but clearly understands the need and is committed to achieving correction at 100% within one year. The following actions will be taken to reach full compliance.

AzEIP will continue to provide TA to programs to ensure corrections. Corrective Measures and Remedies, as outlined in Arizona’s Monitoring Policies and Procedures, Chapter 2, will continue to be implemented when correction does not occur within one year of identification of non-compliance. The following are examples of the corrective measures and remedies.

- A. Required submission of additional documentation and/or increased frequency of reporting concerning area(s) of non-compliance and strategies to improve compliance;
- B. Focused monitoring visits to review files, meet with staff, identify strategies for improvement and prepare a plan to address areas of non-compliance;
- C. Implementing a corrective action plan, including timelines for implementation;
- D. Revising contract terms and provisions when necessary and with appropriate notice;
- E. Adjustment or withholding of whole or partial payment until satisfactory resolution of default/non-compliance;

## APR Template – Part C (4)

Arizona  
State

- F. Suspending all or part of the contract; and
- G. Termination of the contract in whole or in part.

Improvement Activities	Timelines	Status
Revise, disseminate, and implement the interagency agreements with the AzEIP participating agencies to address general supervision requirements.	April 30, 2006	Completed. Representatives of DES/AzEIP, DES/DDD, AHCCCS, ASDB, ADHS/OCSHCN and ADE drafted an intergovernmental agreement (IGA) describing the roles and responsibilities, including Lead Agency and General Supervision requirements, for each of the five AzEIP participating agencies. The IGA, known as the Five State Agency IGA, was published for public comment from April 29, 2005 through June 28, 2005. Changes were made and the document was redistributed to all agencies. The IGA has been signed by representatives of each of the five state agencies and their attorneys and filed with the Arizona Secretary of State. Copies of the final, signed IGA were disseminated to each of the agency partners, who in turn will educate appropriate agency staff on the provisions of the IGA.
<b>Implement the monitoring system in accordance with the cycles.</b>		
Implement the Program Self-Assessment with service coordination providers statewide.	Completed.	Completed.
Implement the “desk audit” process: analyze available data from all sources, including comparisons over time, and utilize analysis to identify issues of compliance and non compliance.	Completed and ongoing. See Indicator 7 for Desk Audit activities related to 45-day timeline.	Completed and ongoing. See Indicator 7 for Desk Audit activities related to 45-day timeline.
Implement the site review process with service coordination providers statewide.	Completed on target and ongoing. Cycle 1 - Fall 2004 Site Reviews. Cycle 2 - Spring 2005 Site Reviews. Cycle 3 - Spring 2006 Site Reviews.	Completed on target and ongoing. Cycle 1 - Fall 2004 Site Reviews. Cycle 2 - Spring 2005 Site Reviews. Cycle 3 - Spring 2006 Site Reviews. Cycle 4 – Spring/Summer 2007 Site Reviews

## APR Template – Part C (4)

Arizona  
State

Improvement Activities	Timelines	Status
Review and approve corrective action plans.	Completed and ongoing.	Completed and ongoing.
Monitor progress on corrective action plans.	Completed and ongoing.	Completed and ongoing.
Review and approve “completion and close-out” of corrective action plans.	Completed and ongoing. See discussion above.	Completed and ongoing. See discussion above.
Implement intensified corrective action plan with specific technical assistance for non-compliance items not resolved within one year.	Completed and ongoing. See discussion above.	Completed and ongoing. See discussion above.
Implement appropriate sanctions or enforcement activities for failure to complete corrective action items.	Revised Monitoring Policies and Procedures, which include appropriate corrective measures and remedies for failure to complete corrective action items. Implemented corrective measures in 2005-2006, including increased reporting and focused site review visits and Demand for Assurances to correct non-compliance.	Revised Monitoring Policies and Procedures, which include appropriate corrective measures and remedies for failure to complete corrective action items. Implemented corrective measures in 2005-2006, including increased reporting and focused site review visits and Demand for Assurances to correct non-compliance.  2006-07 Demands for Assurance issued to a program in Maricopa County and to a Navajo and Apache County program.
Explore incentives for programs with close-outs in 9 months or less.	Not within reporting period.	Not within reporting period.
<b>Review and revise policies, procedures, and/or tools of the CQIMIS to ensure alignment with new federal and/or State policies and procedures and SPP requirements.</b>	March 2006 and annually thereafter until 2010	Completed and ongoing. 9/30/06 - Revised Monitoring Procedures to include the method the State will use to consider correction of non-compliance and a description of how the one-year timeline will be measured.
<b>Realign monitoring cycle with regions established under the AzEIP system redesign.</b>	January 2008	Activity is not within the reporting period. Timeline revision requested to align with delays in Redesign timelines.
<b>Implement the NCSEAM family survey and incorporate into the CQIMIS.</b>		
Analyze family survey results, compare to baseline data, and review trends. Utilize results to inform monitoring and corrective action.	July 2007 & annually through 2010	CQICs and agency partners
Provide findings from family surveys to AzEIP service providing agencies that	July 2007 and annually thereafter	CQICs and agency partners

## APR Template – Part C (4)

Arizona  
State

Improvement Activities	Timelines	Status
are responsible for sharing with appropriate providers/contractors.	until 2010	
Update IFSP form to document dissemination of family survey annually.	January 2006 – March 2006	Completed January 2007
Incorporated herein are the improvement activities from Indicator 14 regarding management information systems.		
Incorporated herein are the improvement activities from Indicator 1 regarding implementation of the team-based service delivery model.		
Incorporated herein are the improvement activities from Indicator 7 regarding revision to the IFSP form and policies.		

### Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2006:

Improvement Activities	Timelines	Resources
<b>Realign monitoring cycle with regions established under the AzEIP system redesign. Justification:</b> Activity is not within the reporting period. Timeline revision requested to align with delays in Redesign timelines	December 2008	CQI Coordinators